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COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.
SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING
Jessica McNiece Name of Traveler:
Employing Office/Committee:
Malaria No More Private Sponsor(s) (List all):
August 26-September 1, 2017 Travel Date(s):
Description/Title of Attached Forms:
· · · · · · · · · · · · · · · · · · ·
Purpose of Amendment (describe the reason for amending original submission):
Date) (Date) (Signature of Traveler)

Form RE-1

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(Revised 10/19/15)

EMPLOYEE PRE-TRAVEL AUTHORIZATION

<u>Pre-Travel Filing Instructions</u>: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler:	Jessica McNiece
Employing Office/Committee:	Senator Durbin
Private Sponsor(s) (list all): Malaria I	No More
Travel date(s): August 26 - Septem	
	trip for any reason you <u>must</u> notify the Committee.
Destination(s): Lusaka, Mfuwe, an	d Chipata, Zambia
Explain how this trip is specifically co	nnected to the traveler's official or representational duties:
care appropriations priorities across a null Justice Science. This trip will help inform are being spent to combat ongoing public	bin, one of my responsibilities is managing the Senator's domestic and international health mber of billsincluding Labor-HHS, Defense, MilConVA, Agriculture-FDA, and Commerce how federal taxpayer dollars, in conjunction with non-profits and foreign governmental entities, health challenges related to malaria, HIV/AIDS, TB, cholera, and yellow fever. Learning more nour requests and priorities for the fiscal year 2018 (and future) appropriations bills.
Name of accompanying family members. Relationship to Employee: Spouse	
Terrify that the information contained 7124117 (Date)	in this form is true, complete and correct to the best of my knowledge: (Signature of Employed)
TO BE COMPLETED BY SUPERVISING Secretary for the Majority, Secretary for the	G SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, te Minority, and Chaplain):
. Senator Durdoin	hereby authorize <u>Jessi a McNiece</u>
(Print Senator's/Officer's Nan	ie) (Print Traveler's Name)
related expenses for travel to the event	on, to accept payment or reimbursement for necessary transportation, lodging, and described above. I have determined that this travel is in connection with his or her echolder, and will not create the appearance that he or she is using public office for
I have also determined that the attendar of the Senate. (signify "yes" by checking	nce of the employee's spouse or child is appropriate to assist in the representation box)
7/24/2017 (Date)	Signature of Supervising Senator/Officer)